

SENATE BILL 566

O4, O1

2lr1329
CF 2lr1525

By: **Senators King, Benson, Colburn, Ferguson, Forehand, Garagiola, Kelley, Klausmeier, Madaleno, Manno, McFadden, Montgomery, Muse, Pugh, Ramirez, and Young**

Introduced and read first time: February 3, 2012

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Home Visiting Accountability Act of 2012**

3 FOR the purpose of requiring the State to fund only certain home visiting programs
4 for improving parent and child outcomes, as provided in the State budget;
5 requiring that not less than a certain percentage of State funding for home
6 visiting programs be made available to evidence-based home visiting programs;
7 requiring certain home visiting programs to submit regular reports; specifying
8 the contents of the reports to be submitted by certain home visiting programs;
9 requiring the development of reporting and monitoring procedures for certain
10 home visiting programs by the Governor's Office for Children and the agencies
11 of the Children's Cabinet; requiring the Governor's Office for Children and the
12 agencies of the Children's Cabinet to report on the implementation and
13 outcomes of certain home visiting programs to the Governor and certain
14 committees of the General Assembly on or before a certain date; defining certain
15 terms; and generally relating to home visiting programs.

16 BY renumbering

17 Article – Human Services
18 Section 8–506
19 to be Section 8–508
20 Annotated Code of Maryland
21 (2007 Volume and 2011 Supplement)

22 BY repealing and reenacting, with amendments,

23 Article – Human Services
24 Section 8–101
25 Annotated Code of Maryland
26 (2007 Volume and 2011 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY adding to
2 Article – Human Services
3 Section 8–506 and 8–507
4 Annotated Code of Maryland
5 (2007 Volume and 2011 Supplement)

6 Preamble

7 WHEREAS, Research into brain development reveals that children are born
8 learning and that the years from birth to age 5 are critical in building the social,
9 emotional, physical, and cognitive developmental foundations of a young child; and

10 WHEREAS, The further behind children are in their social, emotional, physical,
11 and cognitive development, the more difficult it will be for them to catch up in school
12 and later in life; and

13 WHEREAS, A significant number of children are born and live in communities
14 with concentrations of premature birth, low birth weight, infant mortality, poverty,
15 crime, domestic violence, high rates of high school dropouts, substance abuse,
16 unemployment, or child maltreatment, factors that put the children at risk for poor
17 health and nutrition, child abuse and neglect, and failure in school and beyond; and

18 WHEREAS, Data reported by the U.S. Census Bureau in September 2011
19 showed Maryland's poverty rate of 10.8% to be the State's highest in almost 20 years,
20 with more than one-third of those living in poverty in Maryland being under the age
21 of 6 years; and

22 WHEREAS, Data compiled by the Annie E. Casey Foundation for its 2011 Kids
23 Count Data Book showed Maryland lagging behind other states on a scale of key
24 indicators of child well-being, including preterm births, low birth weight babies,
25 maltreatment, and family reading habits; and

26 WHEREAS, Parents and children participating on a voluntary basis in quality
27 home visiting programs exhibit better birth outcomes, enhanced parent and child
28 interactions, more efficient use of health care services, enhanced child development
29 including improved school readiness, and early detection of developmental delays, as
30 well as reduced welfare dependence, higher rates of school completion and job
31 retention, reduction in frequency and severity of maltreatment, and higher rates of
32 school graduation; and

33 WHEREAS, The federal government has emphasized home visiting programs
34 with proven records of success and has made new funding available for states to plan
35 and implement the expansion of evidence-based and promising home visiting
36 programs in high-risk communities; and

1 WHEREAS, It is the responsibility of the General Assembly and in the best
 2 interest of all Maryland citizens to prioritize efficiency and effectiveness in the
 3 consideration of fiscal expenditures; now, therefore,

4 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
 5 MARYLAND, That Section(s) 8–506 of Article – Human Services of the Annotated
 6 Code of Maryland be renumbered to be Section(s) 8–508.

7 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland
 8 read as follows:

9 **Article – Human Services**

10 8–101.

11 (a) In this title the following words have the meanings indicated.

12 (b) **“AGENCIES OF THE CHILDREN’S CABINET” INCLUDES:**

13 **(1) THE DEPARTMENT OF BUDGET AND MANAGEMENT;**

14 **(2) THE DEPARTMENT OF DISABILITIES;**

15 **(3) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE;**

16 **(4) THE DEPARTMENT OF HUMAN RESOURCES;**

17 **(5) THE DEPARTMENT OF JUVENILE SERVICES; AND**

18 **(6) THE STATE DEPARTMENT OF EDUCATION.**

19 **(c)** (1) “Child in need of out–of–state placement” means a child who is
 20 recommended by a public agency for out–of–home placement outside of the State.

21 (2) “Child in need of out–of–state placement” does not include a child:

22 (i) placed in foster care, as defined in § 5–501 of the Family
 23 Law Article; or

24 (ii) who is in a hospital for 30 continuous days or less.

25 **[(c)] (D)** “Child with intensive needs” means a child who has behavioral,
 26 educational, developmental, or mental health needs that cannot be met through
 27 available public agency resources because:

28 (1) the child’s needs exceed the resources of a single public agency; or

1 (2) there is no legally mandated funding source to meet the child's
2 needs.

3 **[(d)] (E)** “Core service agency” means the designated county or multicounty
4 authority that is responsible for planning, managing, and monitoring publicly funded
5 mental health services as provided under Title 10, Subtitle 12 of the Health – General
6 Article.

7 **[(e)] (F)** “Council” means the State Coordinating Council for Children.

8 **(G) “EVIDENCE-BASED” MEANS MEETING THE CRITERIA FOR AN**
9 **EVIDENCE-BASED EARLY CHILDHOOD HOME VISITING SERVICE DELIVERY**
10 **MODEL AS DEFINED BY THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN**
11 **SERVICES.**

12 **[(f)] (H)** “Executive Director” means the Executive Director of the
13 Governor’s Office for Children.

14 **[(g)] (I)** (1) “Family” means an eligible child’s natural, adoptive, or
15 foster parents.

16 (2) “Family” includes:

17 (i) a guardian;

18 (ii) a person acting as a parent of a child; and

19 (iii) a relative or stepparent with whom a child lives.

20 **(J) (1) “HOME VISITING PROGRAM” MEANS A PROGRAM OR**
21 **INITIATIVE THAT:**

22 **(I) CONTAINS HOME VISITING AS A PRIMARY SERVICE**
23 **DELIVERY STRATEGY;**

24 **(II) OFFERS SERVICES ON A VOLUNTARY BASIS TO**
25 **PREGNANT WOMEN, EXPECTANT FATHERS, AND PARENTS AND CAREGIVERS OF**
26 **CHILDREN FROM BIRTH TO KINDERGARTEN ENTRY; AND**

27 **(III) TARGETS PARTICIPANT OUTCOMES THAT MAY INCLUDE:**

28 1. **IMPROVED MATERNAL AND CHILD HEALTH;**

1 **2. PREVENTION OF CHILD INJURIES, CHILD ABUSE**
2 **OR MALTREATMENT, AND REDUCTION OF EMERGENCY DEPARTMENT VISITS;**

3 **3. IMPROVEMENTS IN SCHOOL READINESS AND**
4 **ACHIEVEMENT;**

5 **4. REDUCTION IN CRIME OR DOMESTIC VIOLENCE;**

6 **5. IMPROVEMENTS IN FAMILY ECONOMIC**
7 **SELF-SUFFICIENCY;**

8 **6. IMPROVEMENTS IN THE COORDINATION OF AND**
9 **REFERRALS TO OTHER COMMUNITY RESOURCES AND SUPPORTS; OR**

10 **7. IMPROVEMENTS IN PARENTING SKILLS RELATED**
11 **TO CHILD DEVELOPMENT.**

12 **(2) “HOME VISITING PROGRAM” INCLUDES THOSE PROGRAM**
13 **MODELS IDENTIFIED IN THE HOME VISITING EVIDENCE OF EFFECTIVENESS**
14 **PROJECT OF THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES.**

15 **(3) “HOME VISITING PROGRAM” DOES NOT INCLUDE:**

16 **(I) PROGRAMS WITH FEW OR INFREQUENT VISITS;**

17 **(II) PROGRAMS IN WHICH HOME VISITING IS**
18 **SUPPLEMENTAL TO OTHER SERVICES; OR**

19 **(III) IN-HOME SERVICES DELIVERED THROUGH PROVISIONS**
20 **OF AN INDIVIDUALIZED FAMILY SERVICE PLAN OR AN INDIVIDUALIZED**
21 **EDUCATION PROGRAM UNDER PART C OR PART B OF THE FEDERAL**
22 **INDIVIDUALS WITH DISABILITIES EDUCATION ACT.**

23 **[(h)] (K) “Hospital” has the meaning stated in § 19-301 of the**
24 **Health – General Article.**

25 **[(i)] (L) “Local management board” means an entity established or**
26 **designated by a county under Subtitle 3 of this title to ensure the implementation of a**
27 **local, interagency service delivery system for children, youth, and families.**

28 **[(j)] (M) “Office” means the Governor’s Office for Children.**

29 **(N) “PROMISING” MEANS A HOME VISITING PROGRAM OR PRACTICE**
30 **THAT:**

1 **(1) DOES NOT YET MEET THE STANDARD FOR EVIDENCE-BASED**
2 **PRACTICES; AND**

3 **(2) MEETS THE CRITERIA OF A PROMISING APPROACH AS**
4 **DEFINED BY THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES.**

5 **[(k)] (O)** “Public agency” means a State or local government unit or a
6 quasi-governmental entity.

7 **[(l)] (P)** (1) “Residential child care program” means an entity that
8 provides 24-hour per day care for children within a structured set of services and
9 activities that are designed to achieve specific objectives relative to the needs of the
10 children served and that include the provision of food, clothing, shelter, education,
11 social services, health, mental health, recreation, or any combination of these services
12 and activities.

13 (2) “Residential child care program” includes a program:

14 (i) licensed by:

15 1. the Department of Health and Mental Hygiene;

16 2. the Department of Human Resources; or

17 3. the Department of Juvenile Services; and

18 (ii) that is subject to the licensing regulations of the members of
19 the Children’s Cabinet governing the operations of residential child care programs.

20 **8-506.**

21 **(A) THE STATE SHALL FUND ONLY EVIDENCE-BASED AND PROMISING**
22 **HOME VISITING PROGRAMS FOR IMPROVING PARENT AND CHILD OUTCOMES, AS**
23 **PROVIDED IN THE STATE BUDGET.**

24 **(B) NOT LESS THAN 75% OF THE STATE FUNDING FOR HOME VISITING**
25 **PROGRAMS SHALL BE MADE AVAILABLE TO EVIDENCE-BASED HOME VISITING**
26 **PROGRAMS.**

27 **8-507.**

28 **(A) (1) THE GOVERNOR’S OFFICE FOR CHILDREN AND THE**
29 **AGENCIES OF THE CHILDREN’S CABINET, WITH INPUT FROM LOCAL**
30 **MANAGEMENT BOARDS, LOCAL HOME VISITING PROGRAMS, AND THE EARLY**

1 CHILDHOOD ADVISORY COUNCIL, SHALL REQUIRE THE RECIPIENTS OF STATE
2 FUNDING FOR HOME VISITING PROGRAMS TO SUBMIT REPORTS TO THE
3 GOVERNOR'S OFFICE FOR CHILDREN ON A REGULAR BASIS.

4 (2) HOME VISITING PROGRAM REPORTS SHALL INCLUDE, AT A
5 MINIMUM:

6 (I) A VERIFIABLE ACCOUNTING OF THE STATE FUNDS
7 SPENT;

8 (II) THE NUMBER AND DEMOGRAPHIC CHARACTERISTICS OF
9 THE INDIVIDUALS SERVED; AND

10 (III) THE OUTCOMES ACHIEVED BY THE HOME VISITING
11 PROGRAMS.

12 (B) THE GOVERNOR'S OFFICE FOR CHILDREN AND THE AGENCIES OF
13 THE CHILDREN'S CABINET SHALL DEVELOP A STANDARDIZED REPORTING
14 MECHANISM FOR THE PURPOSE OF COLLECTING INFORMATION ABOUT AND
15 MONITORING THE EFFECTIVENESS OF STATE-FUNDED HOME VISITING
16 PROGRAMS.

17 (C) ON OR BEFORE DECEMBER 1, 2013, AND AT LEAST EVERY 2 YEARS
18 THEREAFTER, THE GOVERNOR'S OFFICE FOR CHILDREN AND THE AGENCIES OF
19 THE CHILDREN'S CABINET SHALL SUBMIT A REPORT TO THE GOVERNOR AND,
20 IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE
21 SENATE FINANCE COMMITTEE, THE HOUSE WAYS AND MEANS COMMITTEE,
22 AND THE JOINT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES ON THE
23 IMPLEMENTATION AND OUTCOMES OF STATE-FUNDED HOME VISITING
24 PROGRAMS.

25 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
26 July 1, 2012.